

**THE T. EATON CO. LIMITED**  
**TORONTO CANADA**

**ORDER FORM**

**DATE:** .....

(Mr., Mrs. or Miss) (First Name)

(Last Name)

**NAME:** .....

**STREET ADDRESS:** .....

**CITY or TOWN:** ..... **PROV.:** ..... **POSTAL CODE:** .....

	ARTICLE No.	QUANTITY	NAME OF ARTICLE	SIZE	COLOUR	PRICE EACH	TOTAL PRICE	
							\$	C
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
						<b>TOTAL</b>		